



PH Shop Talk

Volume 4, Issue 4

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Publications Corner:

- **AFI 48-105 Control of Communicable Diseases:** Final Coordination at HQ USAF
- **AFI 48-20 Hearing Conservation Program:** Being re-written into first draft
- **AFPD 48-1, Aerospace Medicine Program:** Being re-written into first draft
- **AFI 48-101, Aerospace Medicine Operations:** Being re-written into first draft
- **AFI 48-116, Food Safety Program:** final coordination
- **AFI 10-246, Food and Water Protection:** Final coordination at HQ USAF.
- **AFI 48-123, Medical Examinations and Standards:** Being re-written into first draft.

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TAOS is Set for 1-5 March 2004

The Team Aerospace Operational Solutions Course is set for the first week in March 2004 at Brooks City Base, Texas. The set up will be the same as was planned for in 2003 since this past years course (cancelled due to the war in the Middle East).

The agenda is being worked and special speakers lined up for this course. This could be the last course held annually with the combined audience of team aerospace members. The course in future years may be spe-

cific courses for each functional area (i.e. BEE, PH, Flt Med, AP etc).

There are discussions that every three years there will be a combined session for a day or two, but that the rest of the conference will be separated out by functional area for specialized training required for that functional area. Currently, Lt General Taylor, the USAF Surgeon General, is scheduled to speak to the TAOS group on Monday 1 March. Some of the discussions and lessons scheduled for the course include lessons learned in the past and future endeavors for Team Aero-

space.

There will be an awards dinner scheduled for both the BEE and PH communities as well as an informal flight surgeon gathering during the week. Registration will begin in January (and should be complete by February to get the government rate) via an established web site that will be advertised through your MAJCOM functional managers. There will be approximately 350 total quotas divided into the different specialties for the MAJCOMS to distribute to the bases. It should equal out to about one person per base per specialty.

Were you Aware?

Were you aware that there are consultants in the Air Force that exist to help you solve your problems? One such consultant service is the Population Health Support Division (PHSD) at Brooks City Base, Texas.

MSgt Susana Middleton is a outstanding Public Health professional who is dedicated to helping both the public health career field and the Primary Care and Specialty Care world understand each other and to resolve differences between them. PHSD has a very talented

group of professionals who travel to bases and provide not only consultation, but training in how to implement and effectively manage both primary care optimization and specialty care optimization within a medical treatment facility.

This talented group will also help other support services such as Bioenvironmental Engineering and Public Health to develop a local system where personnel

(in this case from public health) are named in writing as consultants to the PCO/SCO teams or PODS (groups of teams) for all topics relating to Public Health (or BEE for instance). These topics include, but are not limited to: medical standards, deployment, occupational health, communicable disease, food and water borne disease, etc. You can contact PHSD at DSN 240-3394.

Revitalization of the Public Health Functional Users Group

In early October, the Public Health Functional Users Group (FUG) revitalization began. The group met at Layton, Utah, at the Northrup Grumman offices to review the most recent changes to the Command Core System. There were representatives from all major commands, the USAFSAM, the Safety Center, the AF/SG office and a few others. Lt Col Sam Hall was asked to be the FUG Chairman and Maj Abdollah Moghaddam (a full time member of the CCS Program Office) is the action officer.

The interim FUG members that met outside Hill AFB were to look to specifically at CCS, comment on "where we were" and brainstorm how it should interface with PIMR 2. The group also spent a great deal of time talking about training issues, other needed software updates and some "nice to haves".

The FUG is a group of individuals, nominated by the MAJCOM PH Officers, entrusted with guiding Information Management/Information Technology (IM/IT) future of PH. Nearly all of the permanent MAJCOM reps will be from the enlisted side of the career field, since they do the majority of the data entry work.

The MAJCOM representatives on the FUG are the conduit through which PH offices in their MAJCOM funnel suggestions for software changes and new IM/IT initiatives. These suggestions will be vetted through the FUG for that "does this make sense" check and if the majority of the FUG agrees (by a vote), the Public Health Corporate Board is briefed. The Corporate Board members, consisting of the MAJCOM PHO's and representatives from AF/SG, USAFSAM and other senior PHOs have the final decision on changes and new initiatives.

A word of caution here, we have to use sound judgment when considering software changes and new initiatives. There are always major costs associated with new programs, not the least of which

is the software training. The interim FUG members discussed different types of training and we are still kicking around ideas for the best method to train PH personnel on the use of the software tools provided by the Air Force. The FUG still needs your input. Do we need more "send one rep from each base to Brooks and he can train the rest of the base" type training or something more "cook book" that can be sent out to the bases?

What is just over the horizon and what is further down the road? First CCS, is "the next big thing". Of course you have heard this before, but this is the real deal. Starting in early 2004 we will begin transitioning from using PIMR to create the AF Form 2766, to using the CCS to create this document. Several other things are new to CCS as well, Occupational Illness reporting will move from AFRESS to CCS and data from CCS will be pushed to the Air Force Safety Center. This tool will also be used to accomplish the AF Form 190 investigation. Another innovation coming in the next version of CCS is a tool to help with the "in house" coordination of pregnancy profiles with Bioenvironmental Engineering. We hope to be testing this software at several bases in December, fielding Air Force wide by early February.

Also coming soon to a Public Health computer near you is AFRESS II—the new, web-based version of AFRESS. It will be strictly a communicable disease *reporting* tool, without any of the current patient management functions for STD, INH, or Animal Bite tracking. Those functions, in a simplified format, are being moved to PIMR. This has a three-fold purpose: first, to streamline reportable event reporting and transmit only that information required by DoD; second, to provide via PIMR the patient management/tracking functionality currently provided by AFRESS and; third, to place those patient management/tracking tools in the hands of the PCM teams so they can track their patient population and PH can get out of that business. This is still in the works so contact your PH FUG representative with suggestions if you have them. Our aim is to stan-

dardize the way we track patients from base to base so we don't have to learn a new patient tracking "system" at each new assignment. AFRESS II will be fielded early in 2004, possibly before the patient management tools are available in PIMR.

That is all the news for now...we will share more as things move along. Below is a list of the MA-JCOM reps, please use your representative to funnel those great ideas to the FUG. Those in a AFSOC, like at Bolling, and other sites not under a larger MAJCOM, can contact Lt Col Hall directly at Wright Patterson AFB. The FUG Team Members include:

AETC representative is TSgt Glenn Stark (Glenn.Stark@goodfellow.af.mil) at Goodfellow AFB, Texas

AFMC representative is Mr. Jeff Collins (jeffrey.collins@wpafb.af.mil) at Wright Patterson AFB, Ohio

ACC representative is TSgt Thressa Burley (Thressa.Burley@nellis.af.mil) at Nellis AFB, Nevada

AMC representative is TSgt Gary Curry (Gary.Curry@mcguire.af.mil) at McGuire AFB, New Jersey

AFSPC representative is TSgt Robert Lopez (Robert.Lopez@Peterson.af.mil) at Peterson AFB, Colorado

PACAF representative is TSgt Jose Rodriguez

(jose.Rodriguez@elmendorf.af.mil) at Elmendorf AFB, Alaska

USAFSAM representative is TSgt Robert Gudgel (Robert.Gudgel@brooks.af.mil) at Brooks City Base, Texas

USAFE representative is TSgt Dennis Bryant (dennis.bryant@spangdahlem.af.mil) at Spangdahlem AB, Germany

FUG Chairperson is Lt Col Sam Hall (sam.hall@wpafb.af.mil) from Wright Patterson AFB, Ohio

Command Core Systems Officer is Major Abdollah Moghaddam (e-mail is Abdollah.Moghaddam@brooks.af.mil) from Brooks City Base, Texas

Command Core Systems NCO (currently a vacant position that will be advertised soon) at Brooks City Base, Texas

USAF Safety Center representative is Capt Mathew Shim (e-mail is matthew.shim@kirtland.af.mil) at Kirtland AFB, New Mexico

AFIOH representative is Major Brad Winterton (e-mail is brad.winterton@brooks.af.mil) at Brooks City Base, Texas

ANG representative is SMSgt Shannon Wright (e-mail is Shannon.Wright@IASIOU.ang.af.mil) stationed at the 185th MDS in Iowa.

Leadership Corner: (I found this article while surfing the web: <http://www.christopher-knight.com/resources/articles/leadership-tips/030798.html>)

**Top 7 Traits of a Leader:
By Christopher Knight**

1. **Focused.**
2. **Passionate.**
3. **Accepts Responsibility.**
4. **Respectful / Developed Empathy Skills.**

5. **Has learned how to Listen.**
6. **Ability to think BIG.**
7. **Really and truly CARES.**

Leadership is a choice. The past does not equal the future. Therefore, you can become something better and smarter tomorrow than you were today, because today, you are the sum total of your choices to date. What would you like to change today?



Air National Guard Public Health



The National Guard Role

As an institution, the National Guard is committed to the vision of being a mirror of the people and values of America. We share in the success of our nation, and we are ready, willing and able to defend America's freedom. The National Guard has two roles -- one as part of the nation's entire military force, and the other to the respective states for emergency response and community support missions. Serving these roles creates our three missions - to participate in global security for the United States, to provide emergency response at the state level, and to give support to local community needs. This dual state/federal role for the National Guard is based on a Constitutional mandate.

The relationship is unique and sets the National Guard apart from other military reserve forces. The root for this dual role began with the militia forces that were part of earliest Colonial America and remains increasingly viable as the nation prepares to enter the next century. The Air National Guard is fully integrated into the Aerospace Expeditionary Force with the Air Force to meet global commitments. From its origins as a self-equipped, community militia in colonial times, the National Guard has emerged as a well-armed fighting force and a valuable component in the nation's emergency preparedness network, the only force with this dual responsibility.

"As threats to America change... the National Guard and reservists will be more involved in homeland security, confronting acts of terror [that] our enemies may try to create."

President George W. Bush
14 February 2001
(Complete Transcript)

<http://www.ang.af.mil/Presidential/20010214-2.pdf>

Air National Guard

Total Manpower: 108,022

69% Traditional Part Time Status

31% Full-Time Status

ANG/SG Public Health Headquarters is located at:

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Andrews AFB, MD 20762-5157

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Commercial prefix for all of the above:
Area code: (301) 836,
FAX: DSN: 278-7446 or Commercial: (301) 836-7446.

ANG CONTINUED

Commonly used Air Force, Air National Guard and Public Health related hyperlinks:

Air National Guard Homepage
<http://www.ang.af.mil/>

Air National Guard AD Jobs
http://www.ang.af.mil/om/ads/mva_list.htm

Armed Forces Medical Intelligence Center
<http://mic.afmic.detrick.army.mil/>

Air Force Publications
<http://www.e-publishing.af.mil/>

ASIMS/AFCHIPS Process Monitoring
<https://www.afchips.brooks.af.mil/main.htm>

Aeromedical Services Information Management System
<https://www.asims.brooks.af.mil/>

Air National Guard Deployments Team
<https://dox.ang.af.mil/>

ALFOODACT
<http://www.dscp.dla.mil/subs/alfood.htm>

Brooks City Base Public Health Homepage
<http://wwwsam.brooks.af.mil/web/eh/index.html>

TRICARE/TRIWEST Central Region/Source
<http://triwest.com/default.asp>

TRICARE Handbook
<http://www.tricare.osd.mil/TricareHandbook/>

USAF Medical Service
<https://www.afms.mil/sg/index.htm>

USAFE Installations
<https://wwwmil.usafe.af.mil/>

USAFSAM Homepage
<http://wwwsam.brooks.af.mil/>

Military Vaccine Website
<http://www.vaccines.army.mil/>

CDC Emergency Preparedness& Response
<http://www.bt.cdc.gov/>

CDC Strategic National Stockpile
<http://www.bt.cdc.gov/stockpile/>

CDC SARS
<http://www.cdc.gov/ncidod/sars/>

CDC West Nile
<http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm>

CDC Malaria
<http://www.cdc.gov/travel/diseases/malaria/index.htm>

USAA Services
https://www.lc.usaa.com/inet/lcs_corp/Logon

NIOSH Chemical Hazards
<http://www.cdc.gov/niosh/npg/npgdname.html>

Air Force Links
<http://www.af.mil/sites/acc.shtml>

Defense Visual Information
<http://dodimagery.afis.osd.mil/>

Epi Services Branch
<https://afioh.brooks.af.mil/pestilence/>

AFPC
<http://www.afpc.randolph.af.mil/afpcsecure/default.asp>

Thrift Savings Plan
<http://www.tsp.gov/>

USAMRIID
http://biotech.law.lsu.edu/blaw/bluebook/Bluebook_hm.htm

Communications and DeCA

Air Force Public Health Officials and DeCA regional food safety representatives recently met at Fort Lee, Virginia to improve communication and cooperation on Food Safety in DeCA operations.

The regional food safety warrant officers noted that it can sometimes be very difficult to contact the military food inspector at some USAF commissaries due to rotations of Air Force Public Health personnel. Toward that end, they were given the electronic distribution accounts of AF Public Health Offices and/or Flights. They assured us that only official use

of DeCA business items would be sent to these boxes. We explained that these distribution accounts go to all persons in the PH flight. In return, the regional DeCA food safety warrant officers should maintain close collaboration with the NCOIC's of PH offices at Air Force installations. This means that if there is a problem with the food inspection or sanitation activities concerning DeCA, they will discuss the problem with the NCOIC before any other action is taken. This will help in the overall food safety and security of commissary operations.

We highly encourage a close collaboration between the Public Health NCOIC (and especially the Food Safety NCOIC) and the regional food safety warrant officer on all food safety issues.

Inspecting DeCA...

Have you been counting many separate facilities in the commissary when you perform your periodic sanitation inspections? Have you performed one inspection for the meat department, one for the deli, one for produce, one for the bakery and one for the actual retail store? Well, now the method we use to calculate our manpower has changed (starting with the MAPPG 06 manpower laydown) and it is acceptable (and highly encouraged) to batch these together

under one inspection.

DeCA facility managers as well as the higher up leadership would like to see the USAF public health inspector perform just one inspection for the entire commissary facility when it is due for inspection. This will reduce the paperwork and computer data entry for all concerned...one report...filled out the right way. It would be most helpful to DeCA if local installation public health personnel were able to conduct food safety evaluations using AF Form 977 and combine all DeCA facilities into one report.

AF Food Sanitation Inspections and DeCA

AFI 48-116 *Food Safety Program* is in final coordination for publication soon. It will require a provision that "Unsatisfactory" reports get sent/faxed to regional DeCA offices. It probably is a good time to start implementing this strategy of communication with the DeCA regions. PH NCOIC's should ensure that any unsatisfactory ratings at any DeCA facility is reported to the region. HQ AAFES also has a requirement to forward unsatisfactory ratings to their HQ (Public Health representative). The store managers are not always forwarding these reports up through channels so they ask us to help them with the communication effort.

Reminder: the AF Form 977 should be completed thoroughly and accurately (for all sanitation inspections, not just DeCA). Discrepancies should be appropriately cross referenced to the most current version of the FDA Food Code (which will be the 2001 FDA Food Code when the policy comes out soon). AFI 48-116 will state that we utilize the most current version of the FDA Food Code. Also, ratings and recommendations need to be consistent with the findings. NCOICs and PHOs should oversee these reports to ensure they are completed thoroughly and accurately. Our Public Health Food and Sanitation Inspectors do a tremendous job day in and day out. We are proud of their efforts to protect our Air Force mission and most importantly our people.



Final Thoughts– Ten More Leadership Tips

I found the following information on a web search and thought you might be interested: <http://www.businessballs.com/leadership.htm> (From Jack Welch, respected business leader and writer):

1. There is only one way - the straight way. It sets the tone of the organization.
2. Be open to the best of what everyone, everywhere, has to offer. Transfer learning across your organization.
3. Get the right people in the right jobs - it is more important than developing a strategy.

4. An informal atmosphere is a competitive advantage.

Make sure everybody counts and everybody knows they count.

5. Legitimate self-confidence is a winner - the true test of self-confidence is the courage to be open.

Business (even government business) has to be fun - celebrations energize and organization.

6. Never underestimate the other guy.

7. Understand where real value is added and put your best people there.

8. Know when to meddle and when to let go - this is pure instinct.

9. As a leader, your main priority is to get the job done, whatever the job is. Leaders make things happen by:

- knowing your objectives and having a plan how to achieve them
- building a team committed to achieving the objectives
- helping each team member to give their best efforts

10. As a leader you must know yourself. Know your own strengths and weaknesses, so that you can build the best team around you.

Jack Welch goes on to explain “Leadership can be daunting for many people simply because no-one else is issuing the aims - leadership often means you have to create your own from a blank sheet of paper”. It is important to build a balance between 'doing' yourself and managing the others 'to do' list. He states that it is critical to build teams. “Select good people and help them to develop. Develop people via training and experience...and always support people while they strive to improve and take on extra tasks”. Much of what we do every day is communicate with others. Communication is extremely critical throughout the entire organization. Ensure you listen to what others say and if you have to communicate a message to others, ensure it is clear, accurate and concise.

If you have to communicate either praise or blame "...Praise loudly, blame softly." (Catherine the Great). Mr. Welch further states, “If you seek one single most important behavior that will rapidly earn you respect and trust among your people, this is it: Always give your people the credit for your achievements and successes. Never take the credit yourself - even if it's all down to you, which would be unlikely anyway. You must however take the blame and accept responsibility for any failings or mistakes that your people make. Never, never, never, publicly blame another person for a failing. Their failing is your responsibility - true leadership offers is no hiding place for that leader”.

As far as getting the job done...Mr. Welch further explains, “Have faith in people to do great things - given space and air and time, everyone can achieve more than they hope for. Provide people with relevant interesting opportunities, with proper measures and rewards and they will more than repay your faith”. Most people want to perform well in everything they do. You should constantly seek to learn from those around you - “they will teach you more about yourself than anything else. They will also tell you 90% of what you need to know to achieve your goals”.

Lastly, embrace change, but not for change's sake. Today's world is constantly changing and we must be constantly changing with it...adapting to our environment so that we can effectively accomplish our mission. Mr. Welch states, “Begin to plan your own succession as soon as you take up your new post, and in this regard, ensure that the only promises you ever make are those that you can guarantee to deliver”.

I hope that these few leadership tips are helpful for you in your everyday lives. If you have others you would like to share...let me know, I can include them in future issues.